



Georgia State Board of Nursing Home Administrators
237 Coliseum Drive, Macon, Georgia 31217-3858
Phone: 478-207-2440
www.sos.state.ga.us/plb/nursinghome

AFFIDAVIT OF EXPERIENCE

FORM A

- Please type or print legibly
- Complete a form for each employer in order to meet the required experience for **your application**
- Applicant **completes Part I**
- Owner/Administrator of the nursing facility or the employer/superior in the chain of command at the home office that operates the licensed nursing facility and/or hospital **completes Part II**

PART I – APPLICANT

Applicant's Name _____

Name of business or corporation that owns facility _____

Name of facility _____

Address of facility _____
Street City State Zip

Phone number of facility _____ **Position held** _____

Dates employed— From: _____ **To:** _____
Month/Year Month/Year

Description of Responsibilities:

Affidavit

I, the above Applicant, attest that the above information is a true and accurate representation of experience obtained in a nursing facility or home office that operates licensed nursing facilities or hospitals.

Date

Signature of Applicant

PART II – OWNER/ADMINISTRATOR/EMPLOYER/SUPERIOR

Instructions

- Please review the applicant's description of experience
- Please submit comments or any additional information that will assist the Board in its decision for licensure for the applicant

Comments _____

I, the undersigned __ Owner/Administrator of the nursing facility or __ Employer or Superior in the chain of command at the home office that operates licensed nursing facilities and/or hospitals, attest that the description provided by the Applicant of the experience obtained in a nursing facility, home office of a business or corporation that operates licensed nursing facilities or hospitals, is true and accurate, and I further acknowledge that I may be required to furnish additional information promptly for this application to be processed.

Date

Signature of Nursing Home Administrator/Employer

Subscribed and sworn to before me this

_____ day of _____ 20 _____

Notary Public

My Commission Expires _____

Notary Seal